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27975 7590 10/08/2004

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01 FC:1501 1400.00 OP
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<i>Justin Goree</i>	(Depositor's name)
<i>Justin Goree</i>	(Signature)
<i>December 28, 2004</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/696,741	10/29/2003	Giuseppe Esposito Corcione	02NP11153410	6315

TITLE OF INVENTION: ELECTRONIC CONTROL SYSTEM FOR TORQUE DISTRIBUTION IN HYBRID VEHICLES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370 1400	\$300	\$1670 1700	01/10/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
ARTHUR JEANGLAUME, GERTRUDE	2144	701-022000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. LISA K. JORGENSEN;
2. ALLEN, DYER, DOPPELT, MILBRATH & GILCHRIST, P.A.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

STMICROELECTRONICS S.r.l.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

AGRATE BRIANZA, ITALY

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 01-16484 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date December 28, 2004

Typed or printed name CHRISTOPHER F. REGAN

Registration No. 34,966

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